



City of Hallandale Beach  
Department of Parks and Recreation

## VOLUNTEER ENROLLMENT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Business \_\_\_\_\_

EMPLOYER/SCHOOL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
(Please list previous experience below if retired.)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

**PLEASE CHECK PREFERENCE:**

DAYS/TIMES	FIELD OF INTEREST	
<input type="checkbox"/> Weekdays	<input type="checkbox"/> Aquatics/Pool	<input type="checkbox"/> Arts
<input type="checkbox"/> Weekends	<input type="checkbox"/> Public Contact	<input type="checkbox"/> Newsletters
<input type="checkbox"/> Mornings	<input type="checkbox"/> Grounds Upkeep	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Indoor Maintenance	<input type="checkbox"/> Athletics
<input type="checkbox"/> Evenings	<input type="checkbox"/> Special Events	<input type="checkbox"/> Seniors
<input type="checkbox"/> Flexible	<input type="checkbox"/> Office Work	<input type="checkbox"/> Camps/Children

DO YOU HAVE TRANSPORTATION? ☐ YES ☐ NO

WHAT EXPERIENCES AND/OR EDUCATIONAL BACKGROUND WOULD YOU LIKE TO UTILIZE IN YOUR VOLUNTEER WORK? \_\_\_\_\_

**SPECIAL SKILLS:**

☐ COMPUTER ☐ AQUATIC CERTIFICATION ☐ CLERICAL  
☐ CPR ☐ MAINTENANCE ☐ ARTS AND CRAFTS  
☐ ARTS (MUSIC/DANCE/THEATER) ☐ PHONE SYSTEM  
☐ OTHER: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

REFERENCE: (Two persons not related to you who you have known for at least two years.)

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR VOLUNTEER NEEDS? (Please circle all that apply)

EMPLOYER    FRIEND/FAMILY    NEWSPAPER    SCHOOL    TV/RADIO    CLUB

PRESENTATION    NEWSLETTER    VOLUNTEER AGENCY/ORGANIZATION

SPONSORING AGENCY OF THE CENTER    STAFF MEMBER OF THE CENTER

PLEASE LIST NAMES OF ANY OF THE ABOVE YOU HAVE CIRCLED: \_\_\_\_\_

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VOLUNTEER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE IF UNDER 18 YEARS: \_\_\_\_\_

DATE: \_\_\_\_\_